

Case Number:	CM15-0016552		
Date Assigned:	02/04/2015	Date of Injury:	03/31/2001
Decision Date:	03/30/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	01/28/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53-year-old female who reported an injury on 03/31/2001 due to an unspecified mechanism of injury. On 01/06/2015, she presented for a followup evaluation regarding her work related injury. It was noted that she had signed an opiate contract on 02/25/2014 and needed refills of all of her medications. She had been taking Norco 10/325 mg 1 tab as needed to produce severe breakthrough pain. It was stated that she had been reporting flare ups of her pain in the afternoon, and that they would like to increase her Zohydro ER dosage. It was noted that she was taking Zohydro ER 10 mg 1 cap twice daily. It was noted that her activities of daily living remained limited by her chronic pain, but that they were tolerated with her current treatment regimen.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Zohydro 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PainZohydro (hydrocodone)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going management Page(s): 78.

Decision rationale: The California MTUS Guidelines indicate that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. The documentation provided does indicate that the injured worker states that she was able to tolerate her limitations due to her medications. However, there is a lack of documentation showing that she has had a quantitative decrease in pain or an objective improvement in the function with the use of this medication to support its continuation. Also, no official urine drug screens were provided for review to validate her compliance with her medication regimen. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.